

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate 5. Intribution provided must be as truthing and accurate as possible. Any white misteries entailor of witholding of material facts may allow insurance companies to reputial policy liability.
 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 5. Any false reporting may be referred to the Police for investigation.
 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving

- and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of First Submission 11/10/2024 12:09 (SGT) Reported by **Actual Driver** Date of Accident 10/10/2024 14:00 (SGT) Exact Location of Accident Telok Blangah Rd, Singapore Additional Location Information TOWARDS PASIR PANJANG ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number **GBH5442J**

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner DAWN ENGINEERING WORKS PTE. LTD. Company Reg No 199303316E Email Address chuajoanne73@gmail.com Mobile Phone No (Phone) +65-88125892 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Hiace Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2982 Vehicle Fuel First Regisration Date

INSURANCE COMPANY

Effective Date/Time of Ownership

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNA00059502404

DRIVER

Name of Driver	HISHAM BIN JUKI
NRIC No	S7302840Z
Date Of Birth	26/01/1973
Occupation	Outdoor
Driving Pass Date	02/10/2000
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	24 YEARS
Gender	Male
Mobile Number	(Phone) +65-88125892
Alt. Phone Number	-
Email Address	chuajoanne73@gmail.com
Address	BLK 113A PLANTATION CRESCENT #14-64
Address complement	• •
Postcode	691113
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	-
modulation company of called vollation commod by Billion	
GENERAL INFORMATION OF THE ACCIDENT	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Callisian Handto Dean
Weather Conditions	Collision - Head to Rear
Road Surface	Clear
Tiodd Guildes	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	- -
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)	2
soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-
DIOSENOED 4	
PASSENGER 1	
Name	ZALI
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	_
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX3547B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	_
Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

(a) My insister, my workship and the General Insurance Association of Singapore ("GIA") may are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me till possessed by my insurer (chilectively the "Personal Information") and disclose and transfer such Personal Information to all insurers; who have insured whiches) involved in this accident (all insurers; who have insured whiches) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers (towyers/law from the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of

(ii) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.

(ii) investigating the accident and/or my claims.

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me.

(v) administering my claims (including the multing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/multipackages); and/or

(vi complying with applicable tow in administering, processing, fundling and/or dealing with my claims, (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers. lawyers/law times, may/are permitted to collect, use, shedole and/or process my Personal Information for one or more of the above Purposes, and

(c) my Personal Information may/can be disclosed by any of the Insulers and/or GA to their fixed-party service providers or agents

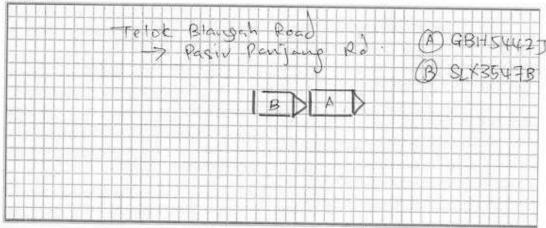
(including their lawyers law which may be shed outside of Singapore, for one of more of the above flurposes.

Policyholder a Signature i David S

Driver's Signature (if driver is not the publicytolder).) Date & Time

Whitesaid by Reporting Derthe Persons (Name as in WHICHD) card)

Sketch Plan



0	J stopped my mehicle conforming to red trappic light.
	Vehicle & come from behind and hit onto the near portion of my
E D	Declaration We declare the foregoing particulars are true in every respect. DAMY DAMY